

POST 60-MONTH INTENSIVE CASE MANAGEMENT INITIATIVE

REQUEST FOR PROPOSALS

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DFD USE ONLY

Proposal # _____

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES****POST 60-MONTH INTENSIVE CASE MANAGEMENT INITIATIVE
PROPOSAL/AUTHORIZATION COVER SHEET****PROPOSAL SUMMARY INFORMATION**

Incorporated Name of Applicant: _____

Type: Profit _____ Non-Profit _____ CWA _____

Federal ID Number: _____ Charities Reg. Number: _____

Address of Applicant: _____

Address of Service(s): _____
(Attach list if necessary.)

County: _____

Region of Service (Counties): _____

Population(s) to be Served: ☐ **WFNJ/TANF** ☐ **WFNJ/GA** ☐ **WFNJ/TANF/GA (COMBINED)**

Contact person: _____ Phone No.: _____

Total dollar amount requested: \$ _____

Agency Fiscal Year End: _____

Total number of cases to be served: _____

Brief description of services to be provided:

AUTHORIZATION:

Chief Executive Officer (Print): _____

Title: _____

Signature _____ Date _____

Date _____

RFP Project Name: **Post 60-Month Intensive Case Management Initiative**

Charities Registration #: _____

Agency: Non Profit _____ Profit _____

Budget Period: _____

Agency Fiscal Year End:_____

(LIST ALL DEPARTMENT OF HUMAN SERVICES CONTRACTS)

[illegible]

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
REQUEST FOR PROPOSALS
BUDGET INFORMATION SUMMARY**

Date: _____

Page ____ of ____

RFP Project Name **Post 60-Month Intensive Case Management Initiative**

Agency Federal ID # _____

Agency Name _____

Funding Request – Program Name (s) _____

Service (s) _____

RFP BUDGET EXPENSE SUMMARY

BUDGET CATEGORIES	TOTAL COSTS	Oct. 1, 2003 - Sept. 30, 2004	UNALLOWABLE COSTS	GENERAL & ADM. COSTS
A. Personnel (including fringe benefits)				
B. Consultants & Professional Fees				
C. Materials & Supplies				
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other				
G. Gen. & Adm. (G&A) Cost Allocation				
H. Total Operating Costs				
I. Equipment				
J. Total Cost				
K. Revenue (deduct)	()	()	()	
L. Funding Request	\$	\$		
Total Units of Service				
Unit Description				

The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources (not DHS) of Funding (line K). Indicate the sources of funding and the dollar amounts for each:

Total Other Sources of Funding	\$	\$	\$	\$

Date _____

Agency Federal ID #: _____

[illegible]

Date: _____

Page_____of_____

RFP Project Name: **Post 60-Month Intensive Case Management Initiative**

Agency Federal ID #: _____

Agency Name: _____

[illegible]

BUDGET INSTRUCTIONS FOR ATTACHMENT B-1

Budget Information Summary

The budget information summary gives the Department of Human Services (DHS) information regarding the planned expenditure of funds for the programs and services being proposed in response to a request for proposal (RFP). **It is necessary that all information be completed on the budget forms. Failure to do so may negatively impact on the evaluation of the proposal.** Additional copies of the budget forms may be copied and attached as needed to ensure complete and accurate information. If you have questions regarding the completion of the budget forms, contact the person listed in the RFP for technical assistance. Review of the Department's Contract Reimbursement Manual, July 1986 edition, will also be helpful if questions arise.

Directions - Budget Information Summary

1. All identifying information must be provided in its entirety - information not completed may negatively impact on the review of the proposal.
2. Indicate the date of the proposal and the page number as part of the total budget information, i.e., Page 1 of 10.
3. Because the contract information summary requires a list of all Contracts now in effect with DHS, please list all current DHS Contracts by contracting division, the contract number, the name of the programs funded, services rendered and the current reimbursable ceiling (total funding amount) for each program.

Definitions

Program - that separation of units with a single identifiable individual name within the provider agency that may provide the same or different types of services for the client population. Example - ABC, Inc. has a day care center and two group homes, each having a name - ABC Day Care Center, the ABC Group Home, and CBA Group Home. Each would be listed as a program within the agency ABC, Inc.

Service - the need, which can be measured for monitoring purposes, for which the client is being included in the proposal.

BUDGET INSTRUCTIONS FOR ATTACHMENT B-2

Directions - Budget Expense Summary

1. Complete the identifying information at the top of the page. It is important that all information be completed in full.
2. The budget expense summary summarizes the expected expenditures by budget category, by program(s) as specified in the proposal. Please list all anticipated expenditures required to meet the needs of the proposal for services by the categories indicated on the form. Indicate the total for each category and then break out the total by program, listing the names of the programs in the column headings provided next to the column for total cost. Parenthesis means that the amount will be deducted where indicated.
3. List the anticipated level of service (Total Units of Service) for each program and the description of the unit to be used for measurement of service.
4. Indicate all other than the Department of Human Services funding sources for the programs in the proposal, the total amount and the total broken down by program.

Definitions

General and Administrative Costs (indirect costs) - represent costs incurred for common or joint objectives which are not readily assignable as a direct cost.

Unallowable Costs - those costs which are not reimbursable in a Contract with DHS as specified in the DHS July 1986 edition of the Contract Reimbursement Manual, Section 4.7.

Units of Service - the breakdown of the services used as a standard of measurement, e.g., hours, trips, meals.

**BUDGET INSTRUCTIONS FOR
ATTACHMENT B-3**

Directions - Personnel Detail

(Make additional copies of this page, as needed, to ensure inclusion of all personnel data.)

1. Complete the identifying information at the top of the page.
2. Personnel detail requests a listing of all personnel involved in providing the services being proposed, including the percentage of time spent on each program. Please list each person and their position title, the total salary allotted to this proposal, the hours per week assigned to each program and any unallowable or general and administrative costs involved for each person.
3. Also indicate any vacant titles that will be filled to meet the obligations of this proposal.

BUDGET INSTRUCTIONS FOR ATTACHMENT B-4

Directions - Budget Category Detail

1. Ensure that all identifying information is completed, including the date and page number.
2. The budget category detail is intended to show which method was used to allocate the expenses to the various categories of the proposal. List the categories as indicated on the Budget Expense Summary A through G and I.
3. Indicate the basis for allocation and the total funding for each category. Then break out the total by program and indicate any unallowable and/or general and administrative costs.

Definitions

Cost Allocation - the distribution base used to allocate items or groupings of indirect costs in proportion to the relative benefit derived for the program with in the proposal. (Example - a building used by several programs of which only one is funded by DHS. The square footage may be used to prorate the expenses of the building and assigned according to contracted program usage.) If there is no indirect cost in the category, the cost basis is a direct cost which is identified specifically with a particular category.

Direct Cost - any cost which can be identified with a particular cost objective (category).

Indirect Cost - a cost, because of its incurrence for common or joint objectives, which is not readily assignable as a direct cost.

ATTACHMENT C

POST 60-MONTH INTENSIVE CASE MANAGEMENT INITIATIVE REQUEST FOR PROPOSALS CHECK-OFF LIST

THE FOLLOWING ITEMS MUST BE INCLUDED IN YOUR PROPOSAL PACKAGE, AS INDICATED. Failure to submit any documents, as required, may deem your proposal ineligible for funding consideration.

Please complete this checklist by entering a **check mark (✓)** next to each document included in your proposal **or (N/A)** if the document is not required for your agency.

One signed original and **seven (7) copies** of the proposal **which includes the following:**

- **Signed Proposal/Authorization Cover Sheet (ATTACHMENT A)**
- Budget Forms (**ATTACHMENT B**)
- Completed Check-Off List (**ATTACHMENT C**)
- Program Narrative (**Not to exceed ten (10) single-spaced, one-sided pages. Applicant may not use a type font lower than 12 point.**)
- **Signed Statement of Assurances (ATTACHMENT D)**
- **Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (ATTACHMENT E)**
- Letter(s) of Support/Collaboration from CWA/MWAs and NJOSCC
- Copy of the Applicant's organizational chart
- Copy of the most recent organization-wide audit report or current financial statement (**original proposal only**)
- Agency's Code of Ethics/Conflict of Interest Policy (**Must submit document reflecting Applicant Agency's policy. ATTACHMENT F provided only as a guide**)
- List of the Board of Directors, Officers and their terms (**non-profits only**)
- Charitable registration status (**non-profits only**)
- Evidence of not-for-profit status (in accordance with Section 501(c)(3) of the Internal Revenue Code)
- Applicant's Certificate of Incorporation
- Letters of support from other community entities and social service agencies, as available

ATTACHMENT D

STATEMENT OF ASSURANCES

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all Federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) Federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975c. 127 (NJAC 17:27).
- Will comply with all applicable Federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with Federal Executive Orders 12549 and 12689 and State Executive Order 66 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

ATTACHMENT E

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

LIST OF LIBRARY DEPOSITORIES

The following libraries have current copies of the Department's Contract Policy and Information Manual and Contract Reimbursement Manual.

**Atlantic County Library
2 S. Farragut Avenue
Mays Landing, NJ 08330**

**Bloomfield Public Library
90 Broad Street
Bloomfield, NJ 07003**

**Burlington County Library
W. Woodlane Road
Mt. Holly, NJ 08060**

**Camden County College Library
P.O. Box 200 College Drive
Blackwood, NJ 08012**

**Camden County Library
Echelon Urban Center
Laurel Road
Voorhees, NJ 08043**

**Cape May County Library
Mechanic Street
Cape May Courthouse, NJ 08210**

**Cherry Hill Free Public Library
100 Kings Highway North
Cherry Hill, NJ 08034**

**Cumberland County Library
800 E. Commerce Street
Bridgeton, NJ 08302**

**Drew University
Rose Memorial Library
Madison, NJ 07940**

**East Brunswick Public Library
2 Jean Walling Civic Center
East Brunswick, NJ 08816**

**East Orange Public Library
21 S. Arlington Street
East Orange, NJ 07018**

**Elizabeth Public Library
11 S. Broad Street
Elizabeth, NJ 07202**

**Fairleigh Dickinson University
Messler Library
Montrose Ave.
Rutherford, NJ 07070**

**Glassboro State College
Savitz Library
Glassboro, NJ 08028**

**Johnson Free Public Library
275 Moore Street
Hackensack, NJ 07601**

**Jersey City Public Library
472 Jersey Avenue
Jersey City, NJ 07302**

**Jersey City State College
Library
2039 Kennedy Boulevard
Jersey City, NJ 07305**

**Kean College
N. Thompson Library
Morris Avenue
Union, NJ 07083**

**Salem County Community College
Library
Donaghay Building
460 Hollywood Avenue
Carneys Point, NJ 08069**

**Seton Hall University Library
South Orange Avenue
South Orange, NJ 07079**

**Seton Hall University
Law School Library
1111 Raymond Boulevard
Newark, NJ 07102**

**Somerset County Library
N. Bridge and Vogt Avenue
Bridgewater, NJ 08807**

**Stockton State College Library
Jim Leeds Road
Pomona, NJ 08240**

**Sussex County Library
R.D. #3, Box 76
Route 655
Newton, NJ 07860**

**Trenton Public Library
120 Academy Street
Trenton, NJ 08608**

**Trenton State College
West Library
CN 550, Pennington Road
Trenton, NJ 08625-0550**

**Wayne Public Library
475 Valley Road
Wayne, NJ 07470**

**William Paterson College
Library
300 Pompton Road
Wayne, NJ 07470**

**Woodbridge
Public Library
St. George Ave & Freeman
Woodbridge, NJ 07095**

**Woodbury Public Library
33 Delaware Street
Woodbury, NJ 08096**

**The New Jersey State Library at 185 W. State Street, Trenton, NJ, 08625, also has
three sets available for review.**

DIRECTIONS TO PROPOSAL DELIVERY SITE
FOR HAND DELIVERY OR COMMERCIAL COURIER/MAIL SERVICES

New Jersey Department of Human Services
Division of Family Development
3 Quakerbridge Plaza
Quakerbridge Road
Mercerville, New Jersey 08619
(609) 584-4040

DIRECTIONS

FROM NORTH

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to exit for I-295 North (Exit is on the right);
- 3 Stay on I-295 North to Exit 65A (Sloan Ave. **East**)
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)
5. Turn left onto Quakerbridge Road and proceed to first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and the first right and building numbered 3 is the second one-story building on your left. Enter in the door marked **State of NJ, Division of Public Welfare** and follow signs to the **Office of Grants Management**.

Please note that the building is protected by a security system and you may need to use the telephone outside the door to your right to call and gain entrance to the building. The list above the telephone identifies the appropriate number to dial for the Office of Grants Management.

FROM SOUTH

Take Route 206 North to I-295 North

Get on I-295 North and follow directions 3 – 5 above.

OR

Take the New Jersey Turnpike North to Exit to I-195

Exit Turnpike and follow directions 2 – 5 above.

DIRECTIONS TO TECHNICAL ASSISTANCE CONFERENCE SITE

**BURLINGTON COUNTY
HUMAN SERVICES FACILITY
795 WOODLANE ROAD
WESTAMPTON, NJ 08060
(609) 265-5800**

FROM TURNPIKE NORTH OR SOUTH – Take Exit 5. Turn right at light towards Mount Holly, this is Route 541 South. Make a “jug handle-right” just before second light on to Woodlane Road. Driveway is on the right into parking area.

FROM 295 SOUTH (COMING FROM THE NORTH) – Take Exit 47 A to Mount Holly, 541 South. Go six lights. Make “jug handle-right” just before the seventh light onto Woodlane Road. Driveway on the right into the parking area.

FROM 295 NORTH (COMING FROM SOUTH) – Take Exit 45 A (Mount Holly/Willingboro) to first ramp, towards Mount Holly onto Beverly/Rancocas Road. Go to the first light, turn left onto Irick Road. Go to next light, turn right onto Woodlane Road, go past the light near the Library, keep going straight and Human Services Building will be on the left side just before the next light.

FROM ROUTE 206 NORTH (COMING FROM THE SOUTH)

Proceed across Route 38 and you will pass the Vincentown Diner which will be on the left. At the next traffic light, turn left onto Woodlane Road (a.k.a. Route 630) and proceed through four lights. The Human Service Building will be on the right immediately after the fourth light. Turn right into parking lot.

FROM 537 WEST (COMING FROM EAST) – Proceed across Route 206, go to second light and turn right onto Woodlane Road, proceed through two lights. Human Services Building will be on the right immediately after second light. Turn right into parking lot.

ATTACHMENT J

POST 60-MONTH INTENSIVE CASE MANAGEMENT INITIATIVE

TECHNICAL ASSISTANCE CONFERENCE

PRE-REGISTRATION FORM

Send or fax this form (or provide the requested information by phone) to the Office of Grants Management, Division of Family Development, PO Box 716, Trenton New Jersey 08625-0716, Phone: (609) 584-4040, FAX: (609) 588-7240, **no later than July 14, 2003.**

Please register me for the Post 60-Month Intensive Case Management Initiative **Technical Assistance Conference scheduled for July 16, 2003 at 10 a.m. at the Burlington County Human Services Facility, 795 Woodlane Road, Westampton, NJ 08060.** Directions to the conference site are attached.

[] Number of people attending (limited to 2 persons)

PLEASE PRINT CLEARLY

Name: _____

Agency: _____

Address: _____

Telephone No. _____

Fax No. _____

Please provide the following information if any person attending the Conference will require special accommodations due to a disability.

Special Accommodation? _____ Yes _____ No

Accommodation Required: _____

